## THE

## **Department of Justice**

## **Office of Consumer Protection**

1219 8<sup>th</sup> Ave ~ Box 200151 Helena, MT 59620-0151 (406) 444-4500 or (800) 481-6896

## **Debt Management Licensing Certificate of Compliance**

State of)	
) ss: County of)	
I,, he	ereby state under the penalty of perjury that
in completing this application for a debt mai	nagement license, the responses and
material provided are true and accurate to t	he best of my knowledge and belief. I
understand that I have an ongoing requiren	nent to update this information.
	Name Title
Subscribed to and sworn to before me this	
	Notary Public
	Commission Expiration Date